

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT** ▼Example: If typing, type
over the lines

CareFirst BlueCross BlueShield Associates' Federal PAC

ADDRESS (number and street)

10455 Mill Run Circle

☐Check if different
than previously
reported. (ACC)

Owings Mill

MD

21117

2. **FEC IDENTIFICATION NUMBER** ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00286922

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☒October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

07

01

2008

through

09

30

2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Jeanne Kennedy

Signature of Treasurer

Electronically Filed by Jeanne Kennedy

Date

10

09

2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

CareFirst BlueCross BlueShield Associates' Federal PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	7	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	9	3	0	2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2008		17480.08
(b) Cash on Hand at Beginning of Reporting Period	25072.88	
(c) Total Receipts (from Line 19)	3691.20	12799.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	28764.08	30279.08
7. Total Disbursements (from Line 31)	2650.00	4165.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	26114.08	26114.08
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

CareFirst BlueCross BlueShield Associates' Federal PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	7	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	9	3	0	2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	1320.00	2216.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	2371.20	10583.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➤	3691.20	12799.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➤	3691.20	12799.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	3691.20	12799.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	3691.20	12799.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		0.00	0.00
(i) Federal Share.....			
(ii) Non-Federal Share.....		0.00	0.00
(b) Other Federal Operating Expenditures.....		0.00	15.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....		0.00	15.00
22. Transfers to Affiliated/Other Party Committees.....		0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		2500.00	2500.00
24. Independent Expenditure (use Schedule E)		0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....		0.00	0.00
26. Loan Repayments Made.....		0.00	0.00
27. Loans Made.....		0.00	0.00
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees		0.00	0.00
(b) Political Party Committees		0.00	0.00
(c) Other Political Committees (such as PACs)		0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		0.00	0.00
29. Other Disbursements.....		150.00	1650.00
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share		0.00	0.00
(ii) "Levin" Share		0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds		0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....		0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..		2650.00	4165.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....		2650.00	4165.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	3691.20	12799.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3691.20	12799.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	15.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	15.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 11

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CareFirst BlueCross BlueShield Associates' Federal PAC

A.

Full Name (Last, First, Middle Initial)

Gregory A Devou

Mailing Address 3132 River Valley Chase

City

West Friendship

State

MD

Zip Code

21794

FEC ID number of contributing
federal political committee.

C

Name of Employer
CareFirst of Maryland, Inc

Occupation

EVP & CHIEF MARKETING OFFR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: PR1262109715021

Amount of Each Receipt this Period

96.00

P/R Deduction (\$16.00 Weekly)

B.

Full Name (Last, First, Middle Initial)

Michael J Felber

Mailing Address 14 Lochmoor Court

City

Timonium

State

MD

Zip Code

21093

FEC ID number of contributing
federal political committee.

C

Name of Employer
CareFirst of Maryland, Inc

Occupation

SVP, SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: PR1262109815021

Amount of Each Receipt this Period

84.00

P/R Deduction (\$14.00 Weekly)

C.

Full Name (Last, First, Middle Initial)

David D Wolf

Mailing Address 2337-1 Boston St

City

Baltimore

State

MD

Zip Code

21224

FEC ID number of contributing
federal political committee.

C

Name of Employer
CareFirst of Maryland, Inc

Occupation

EVP, MEDICAL SYSTEMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: PR1262110115021

Amount of Each Receipt this Period

120.00

P/R Deduction (\$20.00 Weekly)

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 11

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CareFirst BlueCross BlueShield Associates' Federal PAC

A.

Full Name (Last, First, Middle Initial)

John A Picciotto

Mailing Address 704 Sussex Road

City

Towson

State

MD

Zip Code

21286

FEC ID number of contributing
federal political committee.

C

Name of Employer
CareFirst of Maryland, Inc

Occupation

EVP & GENERAL COUNSEL

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: PR1262110215021

Amount of Each Receipt this Period

120.00

P/R Deduction (\$20.00 Weekly)

B.

Full Name (Last, First, Middle Initial)

Rita A Costello

Mailing Address 1911 Corbridge Lane

City

Monkton

State

MD

Zip Code

21111

FEC ID number of contributing
federal political committee.

C

Name of Employer
CareFirst of Maryland, Inc

Occupation

SVP, STRATEGIC MARKETING

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: PR1262117315021

Amount of Each Receipt this Period

72.00

P/R Deduction (\$12.00 Weekly)

C.

Full Name (Last, First, Middle Initial)

Wanda K Oneferu-bey

Mailing Address 1319 Robin Road

City

Pikesville

State

MD

Zip Code

21208

FEC ID number of contributing
federal political committee.

C

Name of Employer
CareFirst of Maryland, Inc

Occupation

AVP, INDIV SALES, TRNG, DVLPMT

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: PR1262121115021

Amount of Each Receipt this Period

120.00

P/R Deduction (\$16.00 Weekly)

SUBTOTAL of Receipts This Page (optional)

312.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 11

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CareFirst BlueCross BlueShield Associates' Federal PAC

A.

Full Name (Last, First, Middle Initial)

Sharon J Vecchioni

Mailing Address 13003 Jerome Jay Drive

City

Hunt Valley

State

MD

Zip Code

21030

FEC ID number of contributing
federal political committee.

C

Name of Employer
CareFirst of Maryland, Inc

Occupation

EVP, CHIEF OF STAFF

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: PR1262209915021

Amount of Each Receipt this Period

96.00

P/R Deduction (\$16.00 Weekly)

B.

Full Name (Last, First, Middle Initial)

Gregory M Chaney

Mailing Address 16 Fox Creek Court

City

Owings Mills

State

MD

Zip Code

21117

FEC ID number of contributing
federal political committee.

C

Name of Employer
CareFirst of Maryland, Inc

Occupation

EVP, CFO & TREASURER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: PR1262210215021

Amount of Each Receipt this Period

120.00

P/R Deduction (\$20.00 Weekly)

C.

Full Name (Last, First, Middle Initial)

Booker T Carter

Mailing Address 16905 Federal Hill Court

City

Bowie

State

MD

Zip Code

20716

FEC ID number of contributing
federal political committee.

C

Name of Employer
CareFirst of Maryland, Inc

Occupation

VP, CLAIMS & DC OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: PR1262255415021

Amount of Each Receipt this Period

84.00

P/R Deduction (\$14.00 Weekly)

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 9 / 11

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CareFirst BlueCross BlueShield Associates' Federal PAC

A.

Full Name (Last, First, Middle Initial)

Michael B Edwards

Mailing Address 14236 Bradshaw Drive

City

Silver Spring

State

MD

Zip Code

20905

FEC ID number of contributing
federal political committee.

C

Name of Employer
Group Hosp & Med Svcs,
Inc

Occupation

SVP, NETWORKS MANAGEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: PR1262403015021

Amount of Each Receipt this Period

84.00

P/R Deduction (\$10.00 Weekly)

B.

Full Name (Last, First, Middle Initial)

Gwendolyn D Skillern

Mailing Address 9925 Middle Mill Dr.

City

Owings Mills

State

MD

Zip Code

21117

FEC ID number of contributing
federal political committee.

C

Name of Employer
CareFirst of Maryland, Inc

Occupation

SVP, AUDIT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: PR1262714615021

Amount of Each Receipt this Period

84.00

P/R Deduction (\$12.00 Weekly)

C.

Full Name (Last, First, Middle Initial)

Kenneth J Barrette

Mailing Address 1327 Linden Avenue

City

Annapolis

State

MD

Zip Code

21403

FEC ID number of contributing
federal political committee.

C

Name of Employer
CareFirst of Maryland, Inc

Occupation

DIRECTOR, OPERATIONS TECHNICAL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: PR1262970215021

Amount of Each Receipt this Period

72.00

P/R Deduction (\$0.00)

SUBTOTAL of Receipts This Page (optional)

240.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 11

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CareFirst BlueCross BlueShield Associates' Federal PAC

A.

Full Name (Last, First, Middle Initial)

Shawn P Mcleod

Mailing Address 3421 Highview Terrace Se

City

Washington

State

DC

Zip Code

20020

FEC ID number of contributing
federal political committee.

C

Name of Employer
Group Hosp & Med Svcs,
Inc

Occupation

DIRECTOR, OPERATIONS II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: PR1263079115021

Amount of Each Receipt this Period

96.00

P/R Deduction (\$0.00)

B.

Full Name (Last, First, Middle Initial)

Dennis A Cupido

Mailing Address 281 Hancock Avenue

City

Bridgewater

State

NJ

Zip Code

8807

FEC ID number of contributing
federal political committee.

C

Name of Employer
CareFirst of Maryland, Inc

Occupation

VP, OPERATIONS SUPPORT SERV

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: PR1263250515021

Amount of Each Receipt this Period

72.00

P/R Deduction (\$10.00 Weekly)

SUBTOTAL of Receipts This Page (optional)

168.00

TOTAL This Period (last page this line number only)

1320.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 11 / 11

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

CareFirst BlueCross BlueShield Associates' Federal PAC

A.

Full Name (Last, First, Middle Initial)

Cummings for Congress

Mailing Address 2901 Druid Park Drive

City Baltimore State MD Zip Code 21215

Purpose of Disbursement

Candidate Name
Elijah Cummings

Office Sought: ☒ House
☐ Senate
☐ President

State: MD District: 07

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 25806300

Date of Disbursement

MM / DD / YYYY
08 / 07 / 2008

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

2500.00